

West Virginia Dept. of Transportation

Medical Review Request



Purpose: Use this form to request that the Division of Motor Vehicles (DMV) conduct a medical review or driver skills review of a licensee.

Instructions: This form is to be completed by physicians, law enforcement personnel, DMV employees, immediate family members, or caregivers.

Driver Information			
Driver Name	<i>Last</i>	<i>First</i>	<i>Middle</i>
			Gender () Female () Male
WV Driver's License Number	Birth Date (mm/dd/yyyy) / /	Telephone Number () —	
Resident Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code

Reporting Information			
Based on my observation, I believe the driver named above should be given the following tests:			
() Medical Exam () Vision Exam () Written Exam () Road Skills Test			
I understand that the Division of Motor Vehicles may have additional requirements.			
Describe in <i>detail</i> the circumstances that led to this request. Provide as much information as possible, including what appears to be the driver's mental, physical, or visual impairment. Use an additional sheet if necessary.			
Requester Name		Relationship to Driver	
Organization/Law Enforcement Agency Name		Telephone Number () —	Fax Number () —
Business Address	City	State	Zip Code
Requester Signature			Date (mm/dd/yyyy) / /

Contact Information
WV DMV Medical Review Services PO Box 17030, Charleston, WV 25317 Fax: (304) 926-2503 Phone: (304) 926-3961